

<p>UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY Caption in Compliance with D.N.J. LBR 9004-2(c)</p> <p>Law Offices of Mark W. Ford, LLC 4 ½ North Broadway, PO Box 110 Gloucester City, NJ 08030 856-456-8811/856-456-8558 (Fax) Attorney for the debtor</p>	
<p>In Re: Margaret Schemelia</p>	<p>Case Number: <u>19-15830</u></p> <p>Hearing Date: <u>August 27, 2019 at 10:00 a.m. .</u></p> <p>Judge: <u>Jerrold N. Poslusny</u></p> <p>Chapter: 13</p>

<p>Recommended Local Form: <input checked="" type="checkbox"/> Followed <input type="checkbox"/> Modified</p>

CONTRA CERTIFICATION IN OPPOSITION TO MOTION FOR SANCTIONS

Mark W. Ford, Esquire , of full age, does hereby certify and state:

1. Neither admitted nor denied.
2. Neither admitted nor denied.
3. Neither admitted nor denied.
4. Neither admitted nor denied.
5. Neither admitted nor denied.
6. Neither admitted nor denied.

7. Admitted that debtor continued to make some payments during the foreclosure process. In fact the creditor fails to deny that the debtor continued to make mortgage payments. It only alleges the default failure to pay real estate taxes.

8. Neither admitted nor denied.
9. Neither admitted nor denied.
10. Neither admitted nor denied.

11. Neither admitted nor denied.

12. Neither admitted nor denied.

13. Neither admitted nor denied.

14. Neither admitted nor denied.

15. Admitted that debtor filed bankruptcy on March 22, 2019. Denied that a Writ of Possession was obtained before then.

16. Denied that the debtor knew that possession was entered issued prior to the debtor's filing of a voluntary petition.

17. Neither admitted nor denied.

18. Denied to the extent that the property was transferred to a third party. As part of the discussion, we were advising the creditor's attorney of the debtor's lack of knowledge of the process of the proceedings and as such she continued to pay the mortgage up to February, 2019.

19. Neither admitted nor denied.

20. Neither admitted nor denied.

21. Admitted that the amount of figures paid on the arrears as neither I nor the debtor were aware of the arrears amount was on the mortgage.

22. Admitted that the initial schedules that show negative I and J. However, this is cured by the debtor supplying a letter of support and the paystubs for her granddaughter who lived on the property and was contributing to the household expenses.

23. Admitted. I should note to this day, I still have doubts about the debtor's memory.

24. Neither admitted nor denied.

25. Neither admitted nor denied.

26. Denied. Debtor's confirmation hearing was held on July 31, 2019. By that time, the case was dismissed as the stay had been lifted and the debtor no longer wished to continue with the case.

27. Denied that the Meeting of Creditors had not taken place. The meeting of creditors occurred on or about July 10, 2019. I note that the creditor was sworn under oath to the contrary to these facts.

28. Denied it was a false statement that the debtor was not aware of the default leading up to foreclosure. In having talked to the debtor and/or her granddaughter paperwork other than a letter from the Sheriff's Department and firmly advised that the debtor was not in default of the mortgage and had continued to make mortgage payments.

29. I apologize for not having provided the proof of income but it has already been supplied to the Trustee's Office and of the contributors contribution to the household. Please note that this is the granddaughters contribution and it was misstated to say it was the daughter. See attached Exhibit C.

30. Neither admitted nor denied.

31. Neither admitted nor denied.

32. Denied that the bankruptcy was filed in bad faith. I acted in good faith attempting to have the debtor comply with everything required of the bankruptcy and to make sure that she would be able to keep up with her payments, reinstate the mortgage and supply the proof of income and payments, filing of documents and negotiations on their behalf to do the same.

33. Denied that I acted in bad faith. Please note that the many if not most of the Chapter 13 cases are being filed with loan modifications. Mortgage payments are not required to do a loan modification and make all these plans unfeasible, unless the mortgage company voluntarily agrees to do the same. That is not so much different than what the debtor tried to do in this case and was requesting a loan modification and of which the creditor had the right to accept or not accept. The fact that the mortgage company did not accept this did not make this a filing in bad faith.

34. Denied.

35. Denied

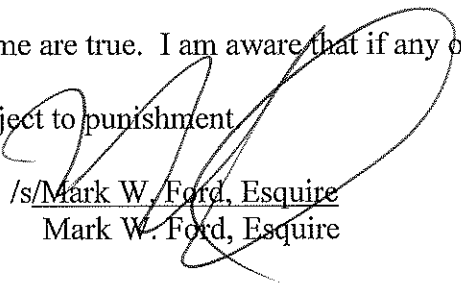
36. Denied.

37. Denied.

38. Debtor and debtor's attorney respectfully request that the motion for sanctions be denied.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date: August 19, 2019


/s/Mark W. Ford, Esquire
Mark W. Ford, Esquire

Certification of Document Receipt

13 DOCUMENTS HAS RECEIVED YOUR FILE

Schemelia

Document serial number: DOC130000000001481000

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Case Number: 1915830

Original Filename:	20190502133339400.pdf (Original file name is displayed for informational purposes only.)
Received Date:	Thursday, May 2nd 01:38:46 PM (local)
Document Type:	Individuals Case: Pay Advices or POI
Uploaded by:	Regina Perfetti <reginaperfetti1@gmail.com>
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Social Security Administration

Date: April 29, 2019

BNC: 19BI972K65934

REF: A

MARGARET J SCHEMELIA
808 MERCER ST
GLOUCESTER CY NJ 08030-1143

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2018, the full monthly Social Security benefit before any deductions is \$1,103.90.

We deduct \$135.50 for medical insurance premiums each month.

The regular monthly Social Security payment is \$968.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

Information About Past Social Security Benefits

From December 2017 to November 2018, the full monthly Social Security benefit before any deductions was \$1,073.90.

We deducted \$129.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$944.00.

(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Date of Birth Information

The date of birth shown on our records is September 05, 1941.

Medicare Information

You are entitled to hospital insurance under Medicare beginning September 2006.

You are entitled to medical insurance under Medicare beginning September 2006.

Your Medicare number is 7PT7-YD8-KU38. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log onto Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 866-614-4778. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
6 EXECUTIVE CAMPUS
SUITE 200
CHERRY HILL, NJ 08002

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This

will help us serve you more quickly when you arrive at the office.

Social Security Administration

Certification of Document Receipt

13 DOCUMENTS HAS RECEIVED YOUR FILE

Document serial number: DOC130000000001443683

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Case Number: 1915830

Original Filename: 20190412113354614.pdf (Original file name is displayed for informational purposes only.)

Received Date: Friday, April 12th 11:39:03 AM (local)

Document Type: Individuals Case: Pay Advices or POI

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In-Transit for: Isabel C. Balboa
535 Route 38 STE 580
Cherry Hill, NJ 08002
P: (phone) +1 (856) 663-5002

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Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Mid-Atlantic Program Service Center
300 Spring Garden Street
Philadelphia, Pennsylvania 19123-2992
Date: April 2, 2019
BNC#: 19T2055D78315-A



0004295 00010959 1 AB 0.412 0326M1T2R2PN T43 P7



MARGARET J SCHEMELIA
808 MERCER ST
GLOUCESTER CY NJ 08030-1143

We are writing to you about your Social Security benefits.

What You Should Know

Based on the information we have, we can pay benefits beginning March 2019.

What We Will Pay And When

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

- You will receive \$968.00 around April 10, 2019.
- This is the money you are due through February 2019.
- You will receive \$968.00 for March 2019 around April 10, 2019.
- After that you will receive \$968.00 on or about the second Wednesday of each month.

If You Disagree With The Decision

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal in writing.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.



If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration

1004295 *0202VCLU1000582* T212P1PRES 190326 00000000000000



Exhibit B

Certification of Document Receipt

13 DOCUMENTS HAS RECEIVED YOUR FILE

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Case Number: 1915830

Original Filename: 20190412113656562.pdf (Original file name is displayed for informational purposes only.)

Received Date: Friday, April 12th 11:41:27 AM (local)

Document Type: Other - Miscellaneous

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Cherry Hill, NJ 08002
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To Whom It May Concern.

I Amy Canning Help My GrandMother Margaret J Schemelia Pay All Of The Bills Due To She Only Gets A Little Bit Of Money A Month. I Help With Electric Also The Water Bill. The Taxes The Cable Bill. The Food Shopping. And Every other Bill That Needs To Be Paid. I Do As Much As I Can But I Also Have Four Children And A Fiance With Cancer To Take Care Of Also So I Will Be Making The Payments To All Of The Bills.

Sincerely Amy Canning

A handwritten signature in black ink, appearing to read 'Amy Canning', with a long horizontal flourish extending to the right.

Certification of Document Receipt

13 DOCUMENTS HAS RECEIVED YOUR FILE

Schmella

Document serial number: DOC130000000001480994

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Case Number: 1915830

Original Filename: 20190502133143618.pdf (Original file name is displayed for informational purposes only.)

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Document Type: Other - Miscellaneous

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535 Route 38 STE 580
Cherry Hill, NJ 08002
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to whom it may concern

04/29/19

i am paying 2,800 a month on bills for my grandmother margaret schemelia

i pay pseg i pay the waterbill also the comcast bill i pay for food i pay towards the mortgage payments i pay towards the taxes. i also buy the house hold items we need for the house for the month because there are 7 of us that live in that house also my fiance puts his money up towards all of the bills financially my grandmother margaret schemelia can not pay all of the bills i pay the bills and so does my fiance that has cancer. because him and our four children live there with her.

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13 DOCUMENTS HAS RECEIVED YOUR FILE

Document serial number: DOC130000000001443703

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Case Number: 1915830

Original Filename: 20190412113812912.pdf (Original file name is displayed for informational purposes only.)

Received Date: Friday, April 12th 11:42:51 AM (local)

Document Type: Individuals Case: Pay Advices or POI

Uploaded by: Regina Perfetti <reginaperfetti1@gmail.com>

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Cherry Hill, NJ 08002
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TA Operating LLC
24601 Center Ridge Road
Westlake, OH 44145-5634
440/808-9100

Pay Group: BW-Bi-Weekly
Pay Begin Date: 03/13/2019
Pay End Date: 03/26/2019

Business Unit: USABU
Advice #: 000000007093391
Advice Date: 04/02/2019

Amy Heather Canning
808 Mercer Street
Gloucester City, NJ 08030

Employee ID: 000324115
Department: 00218400-Paulsboro Truck Service
Location: Paulsboro
Job Title: Truck Service Advisor I
Pay Rate: \$12.500000 Hourly

TAX DATA:
Federal: Single
NJ State: Single
Tax Status: 0
Allowances: 0
Addl. Percent: 0
Addl. Amount:

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	YTD
Commission			153.44		746.01	Fed Withholding	147.03	911.36
Overtime Premium	14.136202	5.08	99.41	70.30	1,367.80	Fed MED/EE	21.44	135.26
Regular Earnings	12.500000	80.00	1,000.00	549.13	6,864.14	Fed OASDI/EE	91.63	578.33
Overtime Premium	15.161741	8.72	175.11		0.00	NJ Unempl EE	5.65	35.68
Sales Incentive			50.00		50.00	NJ NJ HCSF	0.00	0.00
FT Holiday-Field Hourly			0.00	16.00	200.00	NJ NJ WDPF	0.37	2.33
Vacation Earnings - Field Hrly			0.00	8.00	100.00	NJ NJ SWAF	0.26	1.63
						NJ FLI/EE	1.18	7.46
						NJ Withholding	26.49	158.16
						NJ OASDI/EE	2.52	15.86
TOTAL:		93.80	1,477.96	643.43	9,327.95	TOTAL:	296.57	1,846.07

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(k) Contribution	44.34	279.84				401(k) Contribution	8.31	52.47
TOTAL:	44.34	279.84	TOTAL:	0.00	0.00	*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,477.96	1,433.62	296.57	44.34	1,137.05
YTD	9,327.95	9,048.11	1,846.07	279.84	7,202.04

HOURS	VACATION	SICK	NET PAY DISTRIBUTION		
Pay Period Earned		2.0	Advice #000000007093391	Account Type	Account Number
Pay Period Taken		0.0		Checking	XXX6200
					Deposit Amount
YTD Earned	10.0	18.0			1,137.05
YTD Taken	8.0	0.0			
VAC Full Year Avail	32.0		TOTAL:		1,137.05
SICK Balance		32.0			

NOTE: Rate * Hours = Earnings unless an hours or earnings adjustment is included or Rate is from an FLSA calculation.

MESSAGE:

T/A Operating LLC
24601 Center Ridge Road
Westlake, OH 44145-5634
440/808-9100

Pay Group: BW-Bi-Weekly
Pay Begin Date: 02/27/2019
Pay End Date: 03/12/2019

Business Unit: USABU
Advice #: 00000007072533
Advice Date: 03/19/2019

TAX DATA:		Federal	NJ State
Amy Heather Canning 808 Mercer Street Gloucester City, NJ 08030	Employee ID: 000324115 Department: 00218400-Paulsboro Truck Service Location: Paulsboro Job Title: Truck Service Advisor I Pay Rate: \$12.500000 Hourly	Tax Status: Single Allowances: 0 Addl. Percent: Addl. Amount:	Single 0

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	YTD
Commission			85.68		592.57	Fed Withholding	104.17	764.33
Regular Earnings	12.500000	73.92	924.01	469.13	5,864.14	Fed MED/EE	16.09	113.82
Vacation Earnings - Field Hrly	12.500000	8.00	100.00	8.00	100.00	Fed OASDI/EE	68.80	486.70
FT Holiday-Field Hourly			0.00	16.00	200.00	NJ Unempl EE	4.25	30.03
Overtime Premium			0.00	56.50	1,093.28	NJ NJ HCSF	0.00	0.00
						NJ NJ WDPF	0.27	1.96
						NJ NJ SWAF	0.19	1.37
						NJ FL/EE	0.89	6.28
						NJ Withholding	17.68	131.67
						NJ OASDI/EE	1.88	13.34
TOTAL:		81.92	1,109.69	549.63	7,849.99	TOTAL:	214.22	1,549.50

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(k) Contribution	33.29	235.50				401(k) Contribution	6.24	44.16
TOTAL:	33.29	235.50	TOTAL:	0.00	0.00	*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,109.69	1,076.40	214.22	33.29	862.18
YTD	7,849.99	7,614.49	1,549.50	235.50	6,064.99

HOURS			NET PAY DISTRIBUTION			
	VACATION	SICK	Advice #	Account Type	Account Number	Deposit Amount
Pay Period Earned		4.0	000000007072533	Checking	XXX6200	862.18
Pay Period Taken		0.0				
YTD Earned	6.7	16.0				
YTD Taken	8.0	0.0				
VAC Full Year Avail	32.0					
SICK Balance		30.0				
TOTAL:						862.18

MESSAGE:

T/A Operating LLC
24601 Center Ridge Road
Westlake, OH 44145-5634
440/808-9100

Pay Group: BW-Bi-Weekly
Pay Begin Date: 02/13/2019
Pay End Date: 02/26/2019

Business Unit: USABU
Advice #: 000000007051722
Advice Date: 03/05/2019

Amy Heather Canning 808 Mercer Street Gloucester City, NJ 08030	Employee ID:	000324115	Truck Service	TAX DATA:	Federal	NJ State
	Department:	00218400-Paulsboro		Tax Status:	Single	Single
	Location:	Paulsboro		Allowances:	0	0
	Job Title:	Truck Service Advisor I		Addl. Percent:		
	Pay Rate:	\$12.500000 Hourly		Addl. Amount:		

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	YTD
Commission			115.17		506.89	Fed Withholding	133.19	660.16
Regular Earnings	12.500000	78.43	980.38	395.21	4,940.13	Fed MED/EE	19.70	97.73
Overtime Premium	13.945451	13.53	263.47	56.50	1,093.28	Fed OASDI/EE	84.26	417.90
FT Holiday-Field Hourly			0.00	16.00	200.00	NJ Unempl EE	5.20	25.78
						NJ NJ HCSF	0.00	0.00
						NJ NJ WDPF	0.34	1.69
						NJ NJ SWAF	0.24	1.18
						NJ FLI/EE	1.08	5.39
						NJ Withholding	22.52	113.99
						NJ OASDI/EE	2.31	11.46
TOTAL:		91.96	1,359.02	467.71	6,740.30	TOTAL:	268.84	1,335.28

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(k) Contribution	40.77	202.21				401(k) Contribution	7.64	37.92
TOTAL:	40.77	202.21	TOTAL:	0.00	0.00	*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,359.02	1,318.25	268.84	40.77	1,049.41
YTD	6,740.30	6,538.09	1,335.28	202.21	5,202.81

HOURS	VACATION	SICK	NET PAY DISTRIBUTION			
Pay Period Earned		3.0	Advice #000000007051722	Account Type	Account Number	Deposit Amount
Pay Period Taken		0.0		Checking	XXX6200	1,049.41
YTD Earned	6.7	12.0				
YTD Taken	0.0	0.0				
VAC Full Year Avail	40.0		TOTAL:			1,049.41
SICK Balance		26.0				

NOTE: Rate * Hours = Earnings unless an hours or earnings adjustment is included or Rate is from an FLSA calculation.

MESSAGE:

TA Operating LLC
24601 Center Ridge Road
Westlake, OH 44145-5634
440/808-9100

Pay Group: BW-Bi-Weekly
Pay Begin Date: 02/13/2019
Pay End Date: 02/26/2019

Business Unit: USABU
Advice #: 000000007051722
Advice Date: 03/05/2019

Amy Heather Canning 808 Mercer Street Gloucester City, NJ 08030	Employee ID: 000324115 Department: 00218400-Paulsboro Truck Service Location: Paulsboro Job Title: Truck Service Advisor I Pay Rate: \$12.500000 Hourly	TAX DATA:	Federal	NJ State
		Tax Status:	Single	Single
		Allowances:	0	0
		Addl. Percent:		
		Addl. Amount:		

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	YTD
Commission			115.17		506.89	Fed Withholding	133.19	660.16
Regular Earnings	12.500000	78.43	980.38	395.21	4,940.13	Fed MED/EE	19.70	97.73
Overtime Premium	13.945451	13.53	263.47	56.50	1,093.28	Fed OASDI/EE	84.26	417.90
FT Holiday-Field Hourly			0.00	16.00	200.00	NJ Unempl EE	5.20	25.78
						NJ NJ HCSF	0.00	0.00
						NJ NJ WDPF	0.34	1.69
						NJ NJ SWAF	0.24	1.18
						NJ FLI/EE	1.08	5.39
						NJ Withholding	22.52	113.99
						NJ OASDI/EE	2.31	11.46
TOTAL:		91.96	1,359.02	467.71	6,740.30	TOTAL:	268.84	1,335.28

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(k) Contribution	40.77	202.21				401(k) Contribution	7.64	37.92
TOTAL:	40.77	202.21	TOTAL:	0.00	0.00	*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,359.02	1,318.25	268.84	40.77	1,049.41
YTD	6,740.30	6,538.09	1,335.28	202.21	5,202.81

HOURS			NET PAY DISTRIBUTION			
	VACATION	SICK	Advice #	Account Type	Account Number	Deposit Amount
Pay Period Earned		3.0	#000000007051722	Checking	XXX6200	1,049.41
Pay Period Taken		0.0				
YTD Earned	6.7	12.0				
YTD Taken	0.0	0.0				
VAC Full Year Avail	40.0					
SICK Balance		26.0	TOTAL:			1,049.41

NOTE: Rate * Hours = Earnings unless an hours or earnings adjustment is included or Rate is from an FLSA calculation.

MESSAGE:

TA Operating LLC
24601 Center Ridge Road
Westlake, OH 44145-5634
440/808-9100

Pay Group: BW-Bi-Weekly
Pay Begin Date: 01/16/2019
Pay End Date: 01/29/2019

Business Unit: USABU
Advice #: 000000007009690
Advice Date: 02/05/2019

Amy Heather Canning 808 Mercer Street Gloucester City, NJ 08030	Employee ID: 000324115 Department: 00218400-Paulsboro Truck Service Location: Paulsboro Job Title: Truck Service Advisor I Pay Rate: \$12.500000 Hourly	TAX DATA:	Federal	NJ State
		Tax Status:	Single	Single
		Allowances:	0	0
		Addl. Percent:		
		Addl. Amount:		

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	YTD
Commission			75.47		252.89	Fed Withholding	108.51	388.16
Overtime Premium	13.547380	5.80	111.79	29.18	561.30	Fed MED/EE	16.63	57.62
Regular Earnings	12.500000	76.78	959.75	236.78	2,959.75	Fed OASDI/EE	71.11	246.38
FT Holiday-Field Hourly			0.00	16.00	200.00	NJ Unempl EE	4.39	15.20
						NJ NJ HCSF	0.00	0.00
						NJ NJ WDPF	0.28	0.99
						NJ NJ SWAF	0.21	0.70
						NJ FL/EE	0.92	3.18
						NJ Withholding	18.41	67.65
						NJ OASDI/EE	1.95	6.76
TOTAL:		82.58	1,147.01	281.96	3,973.94	TOTAL:	222.41	786.64

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(k) Contribution	34.41	119.22				401(k) Contribution	6.45	22.36
TOTAL:	34.41	119.22	TOTAL:	0.00	0.00	*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,147.01	1,112.60	222.41	34.41	890.19
YTD	3,973.94	3,854.72	786.64	119.22	3,068.08

HOURS			NET PAY DISTRIBUTION			
	VACATION	SICK	Advice #	Account Type	Account Number	Deposit Amount
Pay Period Earned		3.0	000000007009690	Checking	XXX6200	890.19
Pay Period Taken		0.0				
YTD Earned	3.3	7.0				
YTD Taken	0.0	0.0				
VAC Full Year Avail	40.0					
SICK Balance		21.0	TOTAL:			890.19

NOTE: Rate * Hours = Earnings unless an hours or earnings adjustment is included or Rate is from an FLSA calculation.

MESSAGE:

Exhibit D

Certification of Document Receipt

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19-15830*

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NJ-1040
2003








STATE OF NEW JERSEY
INCOME TAX-RESIDENT RETURN

1 of 4

5R

For Tax Year Jan.-Dec. 31, 2003, Or Other Tax Year Beginning _____, 2003, Month Ending _____, 20

↓ IMPORTANT! YOU MUST ENTER YOUR SSN (s). ↓ Fill in ☐ if application for Federal extension is enclosed or enter confirmation # _____

Your Social Security Number  -  - 4787		Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different) Schemelia Margaret J	
Spouse's Social Security Number  -  - 		Home Address (Number and Street, including apartment number or rural route) 439 Bergen Street	
County/Municipality Code (See Table p. 51) 0414		City, Town, Post Office Gloucester N.J.	State Zip Code 08030

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

FILING STATUS (Fill in only one)	EXEMPTIONS	6. Regular <input checked="" type="radio"/> Yourself <input type="radio"/> Spouse	6	1	ENTER NUMBERS HERE
		7. Age 65 or Over <input type="radio"/> Yourself <input type="radio"/> Spouse	7		
1. <input type="radio"/> Single		8. Blind or Disabled <input type="radio"/> Yourself <input type="radio"/> Spouse	8		
2. <input type="radio"/> Married, filing joint return		9. Number of your qualified dependent children		9	
3. <input type="radio"/> Married, filing separate return Enter Spouse's Social Security Number in the boxes provided above		10. Number of other dependents		10	
4. <input checked="" type="radio"/> Head of household		11. Dependents attending colleges	11		
5. <input type="radio"/> Qualifying widow(er)		12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10)	12a	1	12b 0

RESIDENCY STATUS	13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From _____ To _____
GUBERNATORIAL ELECTIONS FUND	Do you wish to designate \$1 of your taxes for this fund? <input type="radio"/> Yes <input checked="" type="radio"/> No If joint return, does your spouse wish to designate \$1? <input type="radio"/> Yes <input type="radio"/> No

Note: if you fill in the Yes oval(s) it will not increase your tax or reduce your refund.

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14						
15a. Taxable interest income (See instructions)	15a					36	00
15b. Tax-exempt interest income (See instructions) DO NOT include on Line 15a	15b						
16. Dividends	16						
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17						
18. Net gains or income from disposition of property (Schedule B, Line 4)	18						
19. Pensions, a. Taxable Amount Received	19a			14	546	29	
and IRA b. Less N.J. Pension Exclusion	19b	15	000	00			
Withdrawals c. Subtract Line 19b from Line 19a	19c						
20. Distributive Share of Partnership Income (See instruction page 30)	20						
21. Net pro rata share of S Corporation Income (See instruction page 30)	21						
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22						
23. Net Gambling Winnings	23						
24. Alimony and separate maintenance payments received	24						
25. Other (See instruction page 31)	25						
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25)	26						



27. Total Income (From Line 26, Page 1)	27							3	6	0	0
28. Other Retirement Income Exclusion (See Worksheet and instr. page 31)				28							
29. New Jersey Gross Income (Subtract Line 28 from Line 27)	29							3	6	0	0
See instruction page 31.											
30a. Exemptions: From Line 12a <u>1</u> x \$1,000 = <u>1000</u>											
30b. From Line 12b _____ x \$1,500 = _____											
30c. Total Exemption Amount (Add Line 30a and Line 30b)	30c			1				0	0	0	0
Part-Year Residents see instruction page 14.											
31. Medical Expenses	31										
(See Worksheet and instruction page 33)											
32. Alimony and Separate Maintenance Payments	32										
33. Qualified Conservation Contribution	33										
34. Total Exemptions and Deductions (Add Lines 30c, 31, 32, and 33)	34			1				0	0	0	0
35. Taxable Income (Subtract Line 34 from Line 29)	35										
If zero or less, MAKE NO ENTRY.											
36. Property Tax Deduction (See instruction page 33)								36			
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35)	37										
If zero or less, MAKE NO ENTRY.											
38. TAX (From Tax Table, page 53)	38										
39. Credit For Income Taxes Paid to Other Jurisdictions (See instructions)	39										
40. Balance of Tax (Subtract Line 39 from Line 38)	40										
41. Use Tax Due on Out-of-State Purchases (See instruction page 37)	41								0	0	0
If no Use Tax, enter ZERO (0.00).											
42. Total Tax (Add Line 40 and Line 41)	42										
43. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)	43							2	4	0	
44. Property Tax Credit (See instruction page 33)								44			
45. New Jersey Estimated Tax Payments/Credit from 2002 tax return	45										
Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed.											
46. New Jersey Earned Income Tax Credit (See schedule Page 3)								46			
47. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 38) (Enclose Form NJ-2450)								47			
48. EXCESS New Jersey Disability Insurance Withheld (See instr. page 38)								48			
(Enclose Form NJ-2450)											
49. Total Payments/Credits (Add Lines 43 through 48)	49							2	4	0	

Label
(See page 19.)

**Use the
IRS label.**

Otherwise,
please print
or type.

L
A
B
E
L

H
E
R
E

Your first name and initial

Last name

Margaret J.

Schemelia

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 20.

Apt. no.

439 Bergen Street

City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.

Gloucester City N.J. 08030-2351

Your social security number

4787

Spouse's social security number

▲ Important! ▲

You must enter your
SSN(s) above.

**Presidential
Election Campaign**
(See page 20.)

Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . .

You Spouse
☐ Yes ☒ No ☐ Yes ☐ No

**Filing
status**
Check only
one box.

- 1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☒ Head of household (with qualifying person). (See page 20.)
If the qualifying person is a child but not your dependent, enter this child's name here. ▶ Amy Cooper
5 ☐ Qualifying widow(er) with dependent child (See page 21.)

Exemptions

- 6a ☐ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a.

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 23)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of boxes
checked on
6a and 6b. 1

No. of children
on 6c who:

• lived with
you

• did not live
with you due
to divorce or
separation
(see page 23)

Dependents
on 6c not
entered above

Add numbers
on lines
above

d Total number of exemptions claimed. 1

Income

**Attach
Form(s) W-2
here. Also
attach
Form(s)
1099-R if tax
was withheld.**

If you did not
get a W-2, see
page 24.

Enclose, but do
not attach, any
payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	
8a	Taxable interest. Attach Schedule 1 if required.	8a	36
b	Tax-exempt interest. Do not include on line 8a.	8b	
9a	Ordinary dividends. Attach Schedule 1 if required.	9a	
b	Qualified dividends (see page 25).	9b	
10a	Capital gain distributions (see page 25).	10a	
b	Post-May 5 capital gain distributions (see page 25).	10b	
11a	IRA distributions.	11a	
11b	Taxable amount (see page 25).	11b	
12a	Pensions and annuities.	12a	14,801
12b	Taxable amount (see page 26).	12b	14,546
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	1,582
14b	Taxable amount (see page 28).	14b	
15	Add lines 7 through 14b (far right column). This is your total income.	15	14,582
16	Educator expenses (see page 28).	16	
17	IRA deduction (see page 28).	17	
18	Student loan interest deduction (see page 31).	18	
19	Tuition and fees deduction (see page 31).	19	
20	Add lines 16 through 19. These are your total adjustments.	20	
21	Subtract line 20 from line 15. This is your adjusted gross income.	21	14,582

**Adjusted
gross
income**

Tax, credits, and payments**Standard Deduction for—**

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 32.

• All others:

Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See page 50 and fill in 45b, 45c, and 45d.

22	Enter the amount from line 21 (adjusted gross income).	22	14,582	29
23a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind Total boxes checked <input type="checkbox"/>	23a		
b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here <input type="checkbox"/>	23b		
24	Enter your standard deduction (see left margin).	24	7,000	00
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	7,582	29
26	Multiply \$3,050 by the total number of exemptions claimed on line 6d.	26	3,050	00
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income .	27	4,532	29
28	Tax , including any alternative minimum tax (see page 33).	28	453	00
29	Credit for child and dependent care expenses. Attach Schedule 2.	29		
30	Credit for the elderly or the disabled. Attach Schedule 3.	30		
31	Education credits. Attach Form 8863.	31		
32	Retirement savings contributions credit. Attach Form 8880.	32		
33	Child tax credit (see page 37).	33		
34	Adoption credit. Attach Form 8839.	34		
35	Add lines 29 through 34. These are your total credits .	35		
36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-.	36	453	00
37	Advance earned income credit payments from Form(s) W-2.	37		
38	Add lines 36 and 37. This is your total tax .	38	453	00
39	Federal income tax withheld from Forms W-2 and 1099.	39	574	41
40	2003 estimated tax payments and amount applied from 2002 return.	40		
41	Earned income credit (EIC) .	41		
42	Additional child tax credit. Attach Form 8812.	42		
43	Add lines 39 through 42. These are your total payments .	43	574	41
44	If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid .	44	121	41
45a	Amount of line 44 you want refunded to you .	45a	121	41
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="text"/>			
46	Amount of line 44 you want applied to your 2004 estimated tax .	46		
47	Amount you owe . Subtract line 43 from line 38. For details on how to pay, see page 51.	47		
48	Estimated tax penalty (see page 52).	48		

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 52)? ☐ Yes. Complete the following. ☐ No

Designee's name

Phone no.

Personal identification number (PIN)

Sign here

Joint return? See page 20. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Margaret J. Schenolia
Spouse's signature. If a joint return, both must sign.

Date

Retired
Spouse's occupation

856-456-1770

Paid preparer's use only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

EIN

Phone no.

NJ-1040
2003



STATE OF NEW JERSEY
INCOME TAX-RESIDENT RETURN

1 of 4

5R

For Tax Year Jan.-Dec. 31, 2003, Or Other Tax Year Beginning _____, 2003, Month Ending 01, 2004

↓ IMPORTANT! YOU MUST ENTER YOUR SSN (s). ↓ Fill in ☐ If application for Federal extension is enclosed or enter confirmation # _____

Your Social Security Number <u>143-32-4787</u>		Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different) <u>Schemelia Margaret J</u>	
Spouse's Social Security Number <u>000-00-0000</u>		Home Address (Number and Street, including apartment number or rural route) <u>439 Bergen Street</u>	
County/Municipality Code (See Table p. 51) <u>0414</u>		City, Town, Post Office <u>Gloucester N.J.</u>	State <u>N.J.</u>
		Zip Code <u>08030</u>	

FILING STATUS (Fill in only one)

1. ☐ Single

2. ☐ Married, filing joint return

3. ☐ Married, filing separate return
Enter Spouse's Social Security Number in the boxes provided above

4. ☒ Head of household

5. ☐ Qualifying widow(er)

EXEMPTIONS

6. Regular ☒ Yourself ☐ Spouse

7. Age 65 or Over ☐ Yourself ☐ Spouse

8. Blind or Disabled ☐ Yourself ☐ Spouse

9. Number of your qualified dependent children 0

10. Number of other dependents 0

11. Dependents attending colleges 0

12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11)
(For Line 12b - Add Lines 9 and 10) 0

ENTER NUMBERS HERE

6	1
7	
8	
9	0
10	
11	
12a	0
12b	0

RESIDENCY STATUS	13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From <u>MM/DD/YYYY</u> To <u>MM/DD/YYYY</u>
GUBERNATORIAL ELECTIONS FUND	Do you wish to designate \$1 of your taxes for this fund? <input type="radio"/> Yes <input checked="" type="radio"/> No If joint return, does your spouse wish to designate \$1? <input type="radio"/> Yes <input checked="" type="radio"/> No

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)

15a. Taxable interest income (See instructions).....

15b. Tax-exempt interest income (See instructions)
DO NOT include on Line 15a

16. Dividends

17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040).....

18. Net gains or income from disposition of property (Schedule B, Line 4)

19. Pensions, Annuities and IRA Withdrawals
a. Taxable Amount Received 14,546.29
b. Less N.J. Pension Exclusion 15,000.00
c. Subtract Line 19b from Line 19a

20. Distributive Share of Partnership Income (See instruction page 30)

21. Net pro rata share of S Corporation Income (See instruction page 30)

22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)

23. Net Gambling Winnings

24. Alimony and separate maintenance payments received

25. Other (See instruction page 31)

26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25)

14							
15a							
15b							
16							
17							
18							
19a							
19b							
19c							
20							
21							
22							
23							
24							
25							
26							

Exhibit E

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**PUBLIC EMPLOYEES' RETIREMENT SYSTEM
STATEMENT OF ALLOWANCES AND DEDUCTIONS**

RETIREMENT NO		NAME			SOCIAL SECURITY NO	
02 10 124335		MARGARET J SCHEMELIA			*****	
FED. EXEMPTIONS	CHECK DATE		PAYMENT FOR	CHECK NO	HEALTH COVERAGE	
S002	JAN 01 2019		DECEMBER	220763605	NONE	
CURRENT EARNINGS		DEDUCTIONS			YEAR TO DATE	
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	YEAR TO DATE	DESCRIPTION	AMOUNT
REGULAR	1,101.77	HEALTH COV. FOR JAN	FREE		GROSS PENSION ALLOW.	1,407.51
SUPPLEMENTAL		FED. INCOME TAX	* 36.92	36.92	TAXABLE PENSION FED.	1,386.22
COST OF LIVING	305.74	N.J. INCOME TAX	20.00	20.00	MEDICARE PART B	
MEDICARE PART B		LOAN PAYMENT				
		I.R.S. LEVIES	545.01	545.01	SACT	
					SACT UNITS	
		TOTAL DEDUCTIONS	* 601.93		SACT UNIT VALUE	
TOTAL ALLOWANCE	1,407.51	NET PAY	* 805.58			

The Tax Equity and Fiscal Responsibility Act of 1982 requires the Division of Pensions and Benefits to withhold Federal Income Tax from the taxable portion of your pension benefits unless you designate otherwise. You may change your Federal and/or N.J. State Income Tax withholding election at any time by submitting a W-4P form. You may obtain a Federal and/or State W-4P form over the Internet at www.state.nj.us/treasury/pensions or by contacting the Division of Pensions and Benefits, Attn: Client Services, PO BOX 295, Trenton, N.J. 08625-0295, --- (609) 292-7524. PLEASE INCLUDE RETIREMENT NUMBER ON ALL CORRESPONDENCE.

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM
STATEMENT OF ALLOWANCES AND DEDUCTIONS**

RETIREMENT NO		NAME			SOCIAL SECURITY NO	
02 10 124335		MARGARET J SCHEMELIA			*****	
FED. EXEMPTIONS	CHECK DATE		PAYMENT FOR	CHECK NO	HEALTH COVERAGE	
S002	MAR 01 2019		FEBRUARY	220794781	NONE	
CURRENT EARNINGS		DEDUCTIONS			YEAR TO DATE	
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	YEAR TO DATE	DESCRIPTION	AMOUNT
REGULAR	1,101.77	HEALTH COV. FOR MAR	FREE		GROSS PENSION ALLOW.	4,222.53
SUPPLEMENTAL		FED. INCOME TAX	36.92	110.76	TAXABLE PENSION FED.	4,158.66
COST OF LIVING	305.74	N.J. INCOME TAX	20.00	60.00	MEDICARE PART B	
MEDICARE PART B		LOAN PAYMENT				
		I.R.S. LEVIES	545.01	1,635.03	SACT	
					SACT UNITS	
		TOTAL DEDUCTIONS	601.93		SACT UNIT VALUE	
TOTAL ALLOWANCE	1,407.51	NET PAY	805.58			

The Tax Equity and Fiscal Responsibility Act of 1982 requires the Division of Pensions and Benefits to withhold Federal Income Tax from the taxable portion of your pension benefits unless you designate otherwise. You may change your Federal and/or N.J. State Income Tax withholding election at any time by submitting a W-4P form. You may obtain a Federal and/or State W-4P form over the Internet at www.state.nj.us/treasury/pensions or by contacting the Division of Pensions and Benefits, Attn: Client Services, PO BOX 295, Trenton, N.J. 08625-0295, --- (609) 292-7524. PLEASE INCLUDE RETIREMENT NUMBER ON ALL CORRESPONDENCE.

STATE OF NEW JERSEY
Division of Pensions and Benefits
Public Employees' Retirement System
PO BOX 295
Trenton, NJ 08625-0295



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MARGARET J SCHEMELIA
808 MERCER ST
GLOUCESTER CITY NJ 08030-1143

PUBLIC EMPLOYEES' RETIREMENT SYSTEM STATEMENT OF ALLOWANCES AND DEDUCTIONS

RETIREMENT NO		NAME			SOCIAL SECURITY NO	
02 10 124335		MARGARET J SCHEMELIA			*****	
FED. EXEMPTIONS	CHECK DATE	PAYMENT FOR		CHECK NO	HEALTH COVERAGE	
S002	JAN 01 2019	DECEMBER		220763605	NONE	
CURRENT EARNINGS		DEDUCTIONS			YEAR TO DATE	
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	YEAR TO DATE	DESCRIPTION	AMOUNT
REGULAR	1,101.77	HEALTH COV. FOR JAN	FREE		GROSS PENSION ALLOW.	1,407.51
SUPPLEMENTAL		FED. INCOME TAX *	36.92	36.92	TAXABLE PENSION FED.	1,386.21
COST OF LIVING	305.74	N.J. INCOME TAX	20.00	20.00	MEDICARE PART B	
MEDICARE PART B		LOAN PAYMENT				
		I.R.S. LEVIES	545.01	545.01	SACT	
		TOTAL DEDUCTIONS *	601.93		SACT UNITS	
TOTAL ALLOWANCE	1,407.51	NET PAY *	805.58		SACT UNIT VALUE	

The Tax Equity and Fiscal Responsibility Act of 1982 requires the Division of Pensions and Benefits to withhold Federal Income Tax from the taxable portion of your pension benefit unless you designate otherwise. You may change your Federal and/or N.J. State Income Tax withholding election at any time by submitting a W-4P form. You may obtain a Federal and/or State W-4P form over the Internet at www.state.nj.us/treasury/pensions or by contacting the Division of Pensions and Benefits, Attn: Client Services, PO BOX 295, Trenton, N.J. 08625-0295, --- (609) 292-7524. PLEASE INCLUDE RETIREMENT NUMBER ON ALL CORRESPONDENCE.

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM
STATEMENT OF ALLOWANCES AND DEDUCTIONS**

RETIREMENT NO.		NAME		SOCIAL SECURITY NO.	
02 10 124335		MARGARET J SCHEMELIA		*****	
FED. EXEMPTIONS	CHECK DATE	PAYMENT FOR	CHECK NO.	HEALTH COVERAGE	
S002	MAR 01 2019	FEBRUARY	220794781	NONE	
CURRENT EARNINGS		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	YEAR TO DATE	DESCRIPTION AMOUNT
REGULAR	1,101.77	HEALTH COV. FOR MAR	FREE		GROSS PENSION ALLOW.
SUPPLEMENTAL		FED. INCOME TAX	36.92	110.76	4,222.53
COST OF LIVING	305.74	N.J. INCOME TAX	20.00	60.00	TAXABLE PENSION FED.
MEDICARE PART B		LOAN PAYMENT			4,158.66
		I.R.S. LEVIES	545.01	1,635.03	MEDICARE PART B
					SACT
		TOTAL DEDUCTIONS	601.93		SACT UNITS
TOTAL ALLOWANCE	1,407.51	NET PAY	815.58		SACT UNIT VALUE

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